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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

[For the Medical and Surgical Reporter.]

ROUGH NOTES

Of an Army Surgeon's experience during the Great Rebellion.

By J. Theodore Calhoun,

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No. 9.

THE REBEL ARMY MEDICAL DEPARTMENT.

The Rebel Medical Department differs somewhat in its organization and details from that of our own army. Each regiment has a Surgeon and Assistant Surgeon, the former with the rank of Major (as in our army), and the latter with the rank of Captain. Both of the two Assistant Surgeons in the Union army rank as First Lieutenant. All the medical officers in the Rebel army after having been appointed by their respective State authorities, are examined before a medical board which holds its sessions in Richmond. The wounded rebels that fall into our hands admit that our army has a much more efficient medical staff, and account for it by saying that many of the best medical men of the South are serving as officers in the line, a fact which is certainly true to some extent.

Each brigade has a Brigade Surgeon and a division has also a Division Surgeon on the staff of the General Commanding. Brigade Surgeons were abolished in our service by special act of Congress, but a Surgeon of Division is still retained, and recently the senior Surgeon of each brigade has had duties assigned him similar to those once performed by Brigade Surgeons.

They have a Medical Purveyor to each corps d'armeé. (It will be remembered that their corps d'armeé are much larger than ours, equal to, if not larger than our "Grand Divisions,") but his office is only so in name. The rebels are very short of medicine and medical supplies. They claim, however, that recently they have obtained large supplies of the more essential articles. A few days before the late battle of Fredericksburgh it was announced that Quinine and Chloroform (the two most needful articles,) could be obtained in Richmond in full quantities.

There can be no doubt that the rebels have suffered much for want of the needful medicines and supplies. Our Surgeons taken prisoners on the Peninsula and conveyed to Richmond tell the most sickening stories of the state of the wounded in the Richmond hospitals. Our men on picket duty within hearing of the rebel pickets say that many of them have the "most terrible coughs they ever heard." Typhoid fever makes awful ravages amongst them, as the little mounds in the neighborhood of all their deserted camps testify. Recently, near one of their camp sites at Wolf Run shoals, on the Occoquan, I counted some thirty or forty graves of men belonging to one Virginia and one North Carolina regiment, all of the deaths occurring in one month.

The rebel Surgeons are frequently compelled to perform their operations without an anæsthetic. The after-scenes of a battle ground are horrible enough when science lends its aid to mitigate the pain the knife creates. How much more so must they be without these aids!

The rebels are short of ambulances—but they endeavor to make up for it as well as they can under the circumstances. They have two men detailed from each company as stretcher-bearers. These men are under the charge of the regimental medical officers and of the Brigade Surgeon. My friend, Surgeon Fox of the 11th Massachusetts regiment, who was a prisoner in the hands of the rebels during the second battle of Bull Run, tells me that these stretcher-bearers do their duty most admirably, and that the Surgeons were very assiduous in their attention to the wounded. I

had the privilege of being one of the first Union Surgeons to enter the twin houses at Fair Oaks used as a hospital by the rebels. Some sick belonging to our army were there at the time of the commencement of the battle and remained there. From them I learned that the Confederate Surgeons treated them most kindly and gave them the only medicine they had—a little whiskey. In our own army a wounded or sick prisoner receives precisely the same attention given to our wounded, for which they generally express themselves very grateful. I have operated upon them frequently and have sometimes thought that they appeared to fear an operation much more than our men, but this may be due to the want of confidence they may feel in Surgeons they do not know, or from the fact that they are in the hands of their enemies.

Most of this description of the rebel army medical department, I obtained on the battle ground of Fredericksburgh from the Assistant Adjutant-General of General Lawton's Brigade, Ewell's Division, who was wounded in a vain attempt to take one of our batteries, and was brought in to the surgical department of General Birney's Division. He was an exceedingly polite and intelligent gentleman, and very communicative.

Our own ambulance system at the recent battle (Fredericksburgh,) worked beautifully, at least as far as Sickles' Division was concerned. The wounded were promptly removed and attended by the Surgeons with all possible dispatch. The field Hospital of Sickles' Division was on the side of a hill fronting the river and covered with fine old shade trees. Two springs bubbled out of the bank and three little terraces were the location of the three operating tables of the several brigades. No little credit is due Surgeon Letterman for the elaboration of the present ambulance system; and to Dr. Sim the surgeon-in-chief of Sickles' Division, we ascribe credit for the perfect manner in which every detail was carried out as far as his division was concerned, on the late bloody field.

And here let me say a word or two upon

VOLUNTEER SURGICAL AID,

a subject recently discussed in the columns of the Reporter. The stand there taken that some of the noblest minds in the profession have at great personal inconvenience rendered valuable services is undoubtedly true, but it is also undeniable that this worthy class have been disgraced by a set of surgical harpies that from different motives have availed themselves of the opportunity thus presented to bring themselves into notice.

That some of the former class have been badly treated is perhaps unfortunately true, but is due to the well-founded dread the latter class have inspired. I remember in one instance where a set of Surgeons (?) got in among my patients—cut open the dressings applied, and finding no cases for their knives, coolly let them remain with their wounds all exposed, never even readjusting the dressings which had been applied but a few hours before; and thus I found them. Again, I have known of patients whose limbs were thought, by the regimental surgeons, not to be badly enough injured to require amputation, being ruthlessly chopped off, surely without cause. I have been compelled to set men actually watching my patients to prevent interference, and have heard patients complain of these "outside doctors" most bitterly. It is such men as those here described who are dreaded by army Surgeons, but a Surgeon and a gentleman usually receives the most cordial co-operation of the Army Staff.

There has really been much less need of extra surgical aid than is supposed. The newspapers have been filled with sensation stories which had no foundation in fact. In this division (Sickles,' formerly Hooker's,) which has certainly had *as many* wounded as any division in the army, I have never seen a moment when there was not ample and prompt surgical attendance, and I cannot conceive how other divisions can have lacked for it, except through an illy regulated and unharmonious Medical Department.

RELIEF SOCIETIES.

One word more in reference to "Relief Societies." The Medical Staff of the army and the sick and wounded stand in great indebtedness to the benevolent societies of the North, for the aid rendered, and, at not a few battle-fields, have the supplies come most opportunely. But some kind and well-meaning persons are apt to let their feelings get the better of their judgment, and the wounded have been narcotized, (I will not assert that there has actually been a fatal issue, although I suspect it,) by repeated doses of opium administered to ease pain; and I have high authority for saying, that on one occasion, so freely were alcoholic stimulants administered to the wounded by some benevolent ladies, that *many became inebriated, and the horrid spectacle was pre-*

sented of men in the various stages of drunkenness with arms or legs off—singing and rollicking in all the silliness of a drunken carousal! The ladies meant well, but as too often in private practice their well-meant but indiscreet zeal injured the patients, and perplexed the doctor.

TOXICOLOGY.

By Gerard Arink, M. D.
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(Continued from p. 262.)

PHOSPHORUS.

This metalloid is manufactured in large quantities in chemical laboratories, from bones of animals, from which the phosphoric acid-salt is set free by acidum sulphuricum. When manufactured, it is in form like round sticks, of a yellowish color, somewhat transparent, and can be easily cut like wax substances; it shines with a peculiar light in the dark.

At an ordinary temperature it speedily attaches to itself the oxygen of the atmosphere, when there arises a white, sour, match-like smelling vapor. Thus, as is evident, it ought to be kept under aqua destillata. Phosphorus burns readily with a bright flame.

It dissolves in alcohol, ether, chloroform, and oils, but not in water. Phosphorus is very seldom used for medical purposes, although it has been commended by some as a remedy in febris intermittens, but on account of its uncertainty, it is pretty much dispensed with Toxica Dosis. It has been proved that from a half, to one grain, taken in one dose, may be fatal.

We read in the Handbuch der Gerichtlichen Thierheilkunde, von A. C. Garlach, Berlin 1862, that out of thirty-four pigs which had eaten of phosphorus poisoned rats, nineteen died. We find in the "Journal de Chimie Médicale et de Toxicologie," mention made of a whole legion of such poison cases. In one instance a French soldier committed suicide by "un sou d' allumettes dans du café."

In the Geneeskundige Courant, 1856, we find notice of the experiments of Dr. G. Dresselhuys of Voorst, by which he proved that half a dozen matches would kill a rabbit within twelve hours.

Symptomatologia.—The local corrosive working of the phosphorus upon the mucosa gastro-intestinalis by burning, in the formation of acidum phosphorosum and phosphoricum, is not the only nor the especial cause of its deadly effects; for it has been proved by Personne and Van Hasselt that it works by absorption, destructive to the respiratory organs.

Phosphorus, being peculiar for its property of minute divisibility, is absorbed with the chyle, mixes with the blood, and is carried into the vena cava, to the ventricula cordis dextra, which brings it into the arteria pulmonalis, into the minor circulation of the lungs, and further to the capillaria pulmonum. There it is still more subdivided by the warmth of the blood, by which it is so much diffused through the lungs that it comes in contact with the atmosphere when it immediately burns or oxydizes. From this comes the phosphorescence of the breath. As phosphorous works often in its most deadly form through this process of absorption, it is evident that even when a quantity is taken so large as to be fatal, the emesis (or vomiting symptom), will not always be present.

The further general symptoms are delirium, convulsions, torpor, quick breathing, paralysis, dysuria, red spots on the skin, flatulence, with offensive odor resembling matches, together with phosphorescence of the sweat and urine, visible in the dark; dyscrasia, necrosis of the jaw, and *death.*

In the cadaver is found intense ulcerative and exudative inflammation of the bronchiæ, and ecchymosis of different organs, such as, the pericardium, the heart, pleura, peritoneum, lungs, intestines, the tongue and epiglottis, and finally, hepatization of the lungs and dissolutio sanguinis. In the liver, pancreas, kidney and blood, phosphorus is often found not yet oxydized, because still unconnected with the atmosphere.

Treatment.—Many physicians of note have used various antidotes for phosphorus, but all have returned to the use of magnesia usta, as the best remedy, not merely as an antidote, but as a vehiculum or involuens for the phosphorus, as well as a cathartic, thus preventing absorption and oxydation; but a large quantity should be taken, so mixed with water as to be of the consistence of thick cream. It should be borne in mind that the water used for mixing with the magnesia usta, or designed for the patient to drink, must be first boiled and cooled; because by the boiling the atmosphere is expelled from the water, hence, when taken into the system, the oxygen cannot oxydize the phosphorus, and the local oxydation or burning, in the tractus gastro-intestinalis is thereby prevented. Doctor Van

Hasselt recommends the flores sulphuris or the sulphur præcipitatum; the idea of which, is, to precipitate the phosphorus, the sulphur acting as an involuens and cathartic. Mucilaginosa should be given in good quantity, such as amylacia cocta, sago, arrow-root, or flour porridge. An emetic should always be administered as soon as possible after the phosphorus is taken. Injections of starch decoction are beneficial. The stomach-pump may here find its proper indication. Contra indications are, oils, alcoholica, ether, chloroform, etc., as these dissolve the phosphorus and thus facilitate its diffusion over the stomach and bowels.

As an *external* remedy for burning with phosphorus, sulphuric ether has proved very effective, the ether is put on in drops, and thus gradually dissolves the phosphorus, causing also by its quick evaporation a delicious feeling of cold on the affected part, thus relieving the pain and preventing further difficulty.

Analysis.—In the first place means must be resorted to, to ascertain, through the process of heating the contents of the stomach and bowels or other matter to be analyzed, whether there be in said material any phosphorescent appearance in the dark. The suspected matter, or the stomach and intestines themselves, it may be, cut up into small divisions, are laid out upon a plate and warmed; then is added strong acidum sulphuricum; let it stand until the whole has become an entirely carbonized homogeneous mass, after which it should be boiled for a short time and left to cool. When cold, if phosphorus be present, there will be seen over the surface and around the margin, the phosphorescent symptom, visible in the dark.

Mitscherlich's method is very delicate. (See Taylor, 1859, fol. 316.) The reduction process of Scherer is admirably adapted for the detection of small quantities of phosphorus. It is accomplished nearly in the following manner:

The suspected matter is mixed with a sufficient quantity of distilled water to bring it into a fluid state, then is added acidum sulphuricum. This mixture is put into a small retort or flask, which is connected by a long glass tube with a receiver, which is kept under cold water. Before the distilling is commenced, the glass apparatus is filled with carbonic acid, formed by putting into the acid mixture a small piece of carbonas calcicus; this carbonic acid prevents the oxydation of the phosphorus by the process of distilling. Thus phosphorus is reduced if present, and it will be found in the receiver in the shape of small globules, which by warming under distilled water, will flow together and form larger ones. This method has the advantage, especially in a medico-legal case, of presenting to the jurors, if required, the corpus delicti.

The following re-agent is very delicate and easy to perform. Small strips of filter-paper are saturated in a solution of nitrate of silver, these are expanded over a bottle containing the suspected matter, when if phosphorus be present, the paper will soon become black-colored. One simple match in half an ounce of water or milk in a small bottle, will, by the application of a gentle warmth, give a strong reaction in a few hours.

In all legal investigations, it may be further desirable to examine attentively with a microscope for such other ingredients as paint, chloras potassæ, sulphur, pieces of sticks, all of which enter into the composition of matches.

It has been questioned by some whether the phosphorus in the contents of a stomach, etc., or contained in vomited matter, may not escape so as to elude detection, seeing that as soon as it is exposed to the atmosphere it oxydizes and becomes phosphoric acid. Observations tending to a different conclusion, however, have been made by several, among others, by Neuman and Orfila Jr., who testify to having found phosphorus in the tractus intestinalis unchanged after fourteen days burial.

Amorphous or red phosphorus has been proved to be innoxious, or nearly so, by Liebig and de Vry, to whom the reader is referred for further information on the subject; to say nothing of other authorities.

[To be continued.]

A SELECTION OF REMARKABLE CASES OCCURRING IN A PRACTICE OF EIGHTEEN YEARS.

By E. N. Chapman, M. D.

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(Continued from page 266.)

URTICARIA.

Mrs. P—, a patient of mine for the last sixteen years, is the subject of a singular idiosyncrasy; and also of a peculiar functional disorder of the nervous system. She is fifty years of age, of a delicate organization, and nervous temperament; and has never had much ill-health, other than a

feebleness of constitution; which, at times, requires her to resort to tonic medicines, more especially, vegetable bitters.

The idiosyncrasy is remarkable. The eating of strawberries, however few in number, affects her most violently. She is seized with the severest form of cholera morbus; has repeated turns of fainting; is prostrated profoundly, as though by a poison, and covered over the entire surface of the body with the wheals of urticaria; which, being attended with unusual irritation, causes great swelling, particularly of the face, by which the eyes are closed. What renders this peculiarity more striking, is the fact, that no other kind of food will awaken this train of symptoms.

After a few lessons in early life she learned to avoid this fruit, and no temptation induced her to taste it, until many years afterward; when she was persuaded, through the ridicule of her friends at such foolish whims, to take three garden strawberries on trial. The result was a repetition of the experience of her childhood. All of the old symptoms, in less than half an hour, presented themselves in their former severity; and, continuing for two days, reduced her very much. It was more than a week before she regained her ordinary health. Since this experiment Mrs. P. has never lost faith in her own *provings*, nor forgotten her *trials* in strawberries; though these run counter to, and are in the face of, the universal experience of mankind.

This lady's father and his brother were affected in a similar manner, but none of the other members of his family; and her children, of whom there are three, use this fruit without suffering any inconvenience.

It should be mentioned, in addition, as another evidence of the peculiar impressibility of this person's nervous system; that, whenever, she is brought into the neighborhood of newly mown hay, an attack of asthma is excited. From these attacks, which have been rather frequent, a chronic catarrh, has been super-induced; that renders her the subject, almost constantly, of a cough; but the asthma does not arise except from the peculiar influence to which she is susceptible.

ECLAMPSIA NUTANS.

This lady is, likewise, affected with an aberration in the function of the nervous system, more singular than the idiosyncrasies just mentioned; which I shall venture to rank under the head of *Eclampsia Nutans*, or *Salaam Convulsions*; though in doing so, I may, perhaps, leave my diagnosis open to criticism. The description of the remarkable features of the case, will convince the reader, that there are, at least, only two other diseases—Chorea and Hysteria—to which the phenomena presented can be ascribed; and, that the essential characteristics—the distinctive symptoms—peculiar to these disorders are lacking.

The lady, when seventeen years of age, became greatly alarmed at the sight of a large fire in close proximity to her father's house; and then, for the first time, several paroxysms of these convulsions, that have since followed her, showed themselves in succession. In after life, their recurrence was very variable; usually, there would be a respite for weeks, more especially in cool and bracing weather, as her appetite and digestion were better at this season; but often she would have many attacks in a day, even from twenty to thirty, particularly if she was suffering from any illness, or the tone of the nervous system was lowered by mental or bodily depression. In this latter condition the most trivial causes excited a paroxysm; a hasty word, disagreeable news, the ringing of the door-bell, an unexpected call of a stranger, etc. My first professional visit was signalized by one of these marked demonstrations, that startled me by its sudden appearance and singular nature.

The convulsive movements commence without premonition. A deathlike feeling at the epigastrium is immediately followed by a rapid beating of her knees with the open hands with irregular alternate strokes, by a simultaneous stamping, in the same manner, of her feet, which are turned inward, resting on the outer edge, and by a series of bowings of the body but more markedly of the head as in a salutation, in unison, more or less imperfect, with her hands and feet. These movements of the head and body are attended by similar ones of the thighs which are flexed by like motions. From the peculiar shape her person thus assumes, she never falls while sitting, though in a rocking chair, but seems to be fastened in her position by the nature of the muscular spasms. These, which are completely beyond the control of the will, unaccompanied by a loss of consciousness, and never varied in character, so that one is a perfect type of all others; continue for about two minutes, when suddenly a complete relaxation follows. Now

she experiences a feeling of exhaustion, from which, however, if the convulsions are at an end, she promptly recovers and regains her natural condition; and even, as I have witnessed, resumes the conversation that had been momentarily interrupted.

Though Mrs. P., has been affected in this manner for thirty-three years, the attacks are not more severe or frequent; nor are any ill-effects discoverable. Her memory and intelligence are unimpaired, and her health and strength have suffered no serious inroads, other than what are incident to advancing years, although these convulsive paroxysms must be numbered by hundreds; in short, neither her mind or body bear the marks of a chronic disease of many years standing. From results, we must conclude, that the causation is of a functional rather than an organic origin. That this is not hysterical, I am inclined to think, from the fugitive nature of the attacks, their constant unvarying character, and the lack of distinctive symptoms. The analogy between her disease and chorea is more intimate, though the latter is not paroxysmal or spasmodic, but consists rather in an imperfect command of the will over the muscles, which are ever executing movements contrary to its bidding.

The symptoms presented by this case resemble, in a striking manner, those observed in the few instances of Salaam Convulsions that are recorded; but differ in the fact that this disease has been alone seen in children, and has been found to end in a lesion of the brain, as shown by the supervention of either epilepsy or idiocy.

AN ANOMALOUS FORM OF CONVULSIONS.

Twelve years since I attended Mrs. G., 52 years of age, whose constitution, never very robust, had been shattered by continuous and excessive overwork. Being a woman of great energy and ambition, prudential considerations failed to induce her to be more sparing of her health; particularly was this the case for several years preceding, when she redoubled her exertions, not only to support the family, more or less dependent on her, but also to educate her only son—the idol of her heart—at college. Eventually, exhausted nature gave out, and she was obliged by weakness and nervous irritability to take to her bed. For the first two weeks she had, in addition to great prostration, several convulsive attacks, which were thought to be of an hysterical character; but gradually they became more frequent and assumed a remarkable phase. During the third and fourth weeks of her illness the peculiarities in this case became more marked and distinctive; and, near the close of the time, the convulsive action of the left side of the face presented itself in the manner in which, subsequently, it affected the entire body. Hitherto, the spasms were moderate in extent, being confined almost wholly to the muscles supplied by the portio dura of the seventh pair of nerves, excepting, at the more severe seizures, when there would be slight tremors in other parts of her body. At the end of the fifth week the convulsions, that had of late been very violent in the left side of the face, suddenly becoming general and reached their acme; when a remarkable series of phenomena presented themselves, which I shall attempt to describe.

In the first place, a twitching began at the left angle of the mouth, that extended, as it became more violent at this point, over the left side of the face, neck and upper portion of the chest; and then, as these parts were fully convulsed, the left arm, side and leg in succession became affected in the same manner. Beginning at the face, the right side was invaded in the like order; (the convulsions being unabated in the parts already attacked;) when the whole body was racked by the most frightful tetanic spasms, which distorted the face with a horrid ghastly grin and bowed the body in an arc, so that the back of her head and her heels alone rested on the bed. Remaining in this position for a few seconds, during which the skin assumed a blue tint from the non-aeration of the blood; suddenly, the muscles became relaxed, a deadly palor came over the face, the eyes glared open, respiration ceased, the pulse stopped, and also, apparently, the action of the heart. Every appearance of death was present; yet, in a few seconds, there could be detected a feeble pulsation of the heart, a returning wave of blood in the arteries, and a gentle movement of the ribs, which increased in power, until, at length, with a rekindled vital energy, every organ fulfilled its office. These convulsions continued for twenty-four hours; and recurred precisely, to a second, every ten minutes; one the exact counterpart to all the others, without the slightest deviation either in the time of their continuance, or the character of the phenomena presented. The paroxysm occupied five minutes, reckoning from the first noticeable movement at the angle of the mouth to complete relaxation of the muscles, and

the interval, consequently, covered the same space of time. The spasms after continuing for a day and night abated gradually in frequency and force; and then in seven or eight days returned to their original character; though they still manifested a proneness, as shown by tremors in the limbs, to extend from the face to other parts of the body. This lady is now living in the full enjoyment of her mental faculties; and has, perfectly, the use of her limbs, and, although an invalid, is able to go around the house, do light work, and walk or ride out, a condition of things showing conclusively that there is no lesion of the nerve-centres; in other words, that her disease is functional not organic. Of late years the attacks, infrequent and trivial, are confined to the left side of the face, and limited to a light spasmodic twitching which is apt to occur whenever she is worried, irritated or over-tired.

My friend, Dr. McClellan, attended this case with me in consultation, and was, equally with myself, surprised and puzzled at its singular and anomalous character.

[To be continued.]

MEASUREMENT OF THE LOWER EXTREMITIES IN CASES OF FRACTURE, WITH A SERIES OF EXPERIMENTS.

Conducted at the Suggestion of

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By A. J. C. Skene.

The importance of being able to make a correct measurement of the lower extremities in cases of fracture, is obvious to every one who has given any attention to the subject. Every surgeon knows that one of the principal indications in the treatment of fracture of the lower extremity, is to obtain a proper length of the fractured limb. In order to use appliances for the purpose of effecting the desired result, it is necessary to determine by accurate measurement, 1st, what amount of shortening is produced by the injury? 2d, the progress made from time to time in overcoming the shortening by means used for that purpose, and 3d, when the limb is brought to its proper length. That the surgeon may be able to make such measurements correctly, practice and the strict observance of some appropriate method is necessary. That a scientific and reliable method is far from being universally understood, and practiced, we are fully convinced from the fact, that we have observed, on numerous occasions, the most unsatisfactory measurements made by surgeons, of otherwise good education.

Indeed, it sometime occurs, that two surgeons after repeated trials, fail to make their measurements of the same limb, coincide, and a third party occasionally fails to decide whether either of them is right. One reason why this important part of practical surgery is—in our estimation—a little behind the age, is, that some of the standard works on surgery omit it altogether, and most of them treat it in a very unpractical manner.

Now this cannot be, because the subject is of minor interest, for whatever is of importance in itself when attained, must of course render the means by which it is attained, equally important.

Some of the methods given in surgical works are the following: 1st. "Bring the limbs together, and ascertain, by observation, if both are of equal length." This method is very unreliable, and useless in practice; for there are few—if any—who could be sufficiently accurate, however highly skilled, in the art of measurement by sight. Besides, who is not familiar with the fact, that while a fractured thigh is under treatment, the injured limb looks longer than the other, even though it be two inches shorter.

2nd. "Place the patient in the erect position, so that the ligamentum nuchæ, spinous processes of the sacrum and the internal sides of the malleoli of the tibial bones will coincide with a perpendicular line. If there be any shortening of either limb, its amount will be equal to the distance between the place where the patient rests and the foot of the shortened limb." This method cannot be practiced in cases of fracture at all, during treatment; and in cases where it can, it is found to be awkward and fallacious; because the limb which sustains the greatest weight, will be more compressed at the soft parts of the foot and joints, and hence shortened, and it is hardly possible to secure equal weight on both limbs.

3d. "Take the anterior superior process of the ilium and some point at the lower end of the femur, and compare the measurement of both limbs." The principal objection to this method is the difficulty of finding a fixed and convenient point at the lower end of the femur under the most favorable circumstances; and when dressings are applied for the treatment of fracture, it is generally impossible. There might be more examples given but these will suffice as a sample of the methods given in surgical works.

That adopted by some of the first surgeons of the age, and one that is sufficiently accurate and convenient for all practical purposes, is the following copied from Dr. Burge's work, on fracture of the femur.

"The anterior superior spinous process of the ilium and the internal malleolus of the tibia. Observe, we do not say the movable tegumentary tissue over these regions, but you are to select fixed and corresponding points upon the opposite sides, and make these your land marks. It is also essential to a correct measurement that the two limbs be placed upon the same plane, equally abducted, and the same degree of eversion given to each foot. Use a tape line sufficiently thin to allow you to feel through it the osseous points from which your measurements are taken."

The anterior superior spinous process of the ilium, and the internal malleolus of the tibia are well defined at their lower borders, so that they form points of measurement of sufficient exactness; and the position of these parts is such that, in ordinary cases, a straight line may be drawn from one to the other; there being no part of the limb in the way to cause any curving of the line which would materially affect the measurement.

This method of measurement has been submitted to the most rigid tests, and when conducted by a skilful surgeon has always proved sufficiently accurate. Some have observed that swelling would curve the line and thus interfere with the correctness of our measurement; but a very extensive swelling would hardly occasion any appreciable difference. Again it has been observed that the dressings used in the treatment of fractured thigh, would be in the way of such measurement. To this we answer, that the most efficient appliances for the treatment of fractured thigh present no obstacle to the measurement.

All the real sources of fallacy in this method are such as can be easily overcome. They are as follows:

1st. When one limb is abducted more than the other. 2d. When the body and hips are inclined to either side, and 3d. When (as will often happen) extension and counter-extension are employed, the body and limbs cannot be brought to a straight line with each other. In all these cases the spine of the ilium and the malleolus are changed in their relative position and a proper comparison of the two limbs cannot be made unless we are able to estimate the difference which this change of relation causes, independently of any overlapping of the fractured bones. The following experiments have been made with a view of overcoming these difficulties and of aiding the surgeon in making an accurate comparison of the lower extremities in all the positions which can be assumed by a patient in the dorsal decubitus.

When the body and limbs rest on the same plane the distance between the spinous process and the malleolus is changed by unequal abduction of the limbs, and the inclination of the body to either side. The antero-posterior motion of the pelvis alters the distance between those points equally on both sides, so that if the same position is maintained when both sides are measured, the measurement will be correct.

We have only to know the difference produced by the different positions, to be able to make a correct comparison of the length of the two limbs in any position the patient may assume, provided the limbs and body are on the same plane.

The following tables, made from experiments, we presume shows the difference in different positions. Three well formed men were selected, aged respectively 18, 21 and 28 years, and measured in the various positions already alluded to. The measurement of each subject gave a proportional difference, in the different positions equal to that given in the table.

Body and limbs on the same plane and on a straight line with each other measured, each $33\frac{3}{8}$ inches.

Position.	Distance abducted.	Right limb.	Left limb.
Left limb abducted.	3 in.	$33\frac{3}{8}$ in.	$33\frac{1}{2}$ in.
do. do.	6 "	" "	$33\frac{3}{8}$ "
do. do.	9 "	" "	$33\frac{1}{4}$ "
do. do.	12 "	" "	$33\frac{1}{8}$ "
do. do.	15 "	" "	33 "
do. do.	18 "	" "	$32\frac{7}{8}$ "
do. do.	21 "	" "	$32\frac{1}{4}$ "
do. do.	24 "	" "	$32\frac{5}{8}$ "
do. do.	27 "	" "	$32\frac{1}{2}$ "
do. do.	30 "	$33\frac{1}{2}$ "	$32\frac{3}{8}$ "
do. do.	33 "	$33\frac{3}{8}$ "	$32\frac{1}{4}$ "

Position.	Inclination.	Right limb.	Left limb.
Right limb adducted and the left abducted.	8 in.	$33\frac{3}{4}$ in.	$33\frac{9}{16}$ in.
do. do.	16 "	$33\frac{7}{8}$ "	$33\frac{1}{2}$ "

A boy of fourteen years was measured in a similar manner, and the following result obtained.

Body and limbs on the same plane, and on a straight line with each other, measured each $29\frac{1}{4}$ inches.

Position.	Distance abducted.	Right limb.	Left limb.
Left limb abducted.	4 in.	29½ in.	29⅜ in.
do. do.	8 "	" "	29¼ "
do. do.	12 "	" "	29⅛ "
do. do.	16 "	" "	29 "
do. do.	20 "	29⅜	28⅞ "

Position.	Inclination.	Right limb.	Left limb.
Left limb abducted and the right adduc'd.	8 in	29⅛ in.	29 7/8 in.
do. do.	16 "	29⅞ "	29⅜ "

From these tables it would appear that the difference of measurement produced by change of position, was somewhere near the following proportions.

1st. That for every three inches an adult limb is abducted, it is shortened one-eighth of an inch; and the limb which remains on a straight line with the body, will be shortened one-fourth of an inch when the other is abducted to the extent of thirty-three inches.

2d. For every eight inches that both limbs are inclined to one side of the body, *i. e.* the one abducted and the other adducted; the adducted limb is lengthened one-eighth of an inch; and for every sixteen inches of the inclination, the abducted limb is shortened one-eighth of an inch.

Taking the adult limb as a standard the proportional difference between the adult and younger subjects, may be found by referring to the tables.

It will be observed that the difference of measurement produced by change of position, is but slight, unless the change from the straight line be considerable, which shows that there is but little practical fallacy, or inconvenience, in using the method we have given.

For although it is sometimes impossible to bring the body and limbs to a straight line during the treatment of fracture, they can generally be brought very near it. When the surgeon is acquainted with the measurements in different positions, he will be able to estimate the deviation in any given case with tolerable accuracy, and thus make allowance for it in the comparison of the two limbs. The position which the patient generally assumes during the treatment of fracture of the lower extremity, when extension and counter-extension are used, is with the pelvis flexed a little upon the fractured limb, this of course brings the spine of the ilium nearer to the malleolus and makes the limb apparently shorter. The difference thus produced is seldom more than one-eighth to one quarter of an inch, so that should the surgeon adopt this method of measurement without making any allowance for the greater anteversion of the pelvis on the side of the injured limb, he would be gratified to find at the close of the treatment, that said limb would measure at least one-eighth of an inch longer than he had anticipated, which we venture to affirm is a more fortunate disappointment than often attends other methods of measurement.

ILLUSTRATIONS OF HOSPITAL PRACTICE.

University Medical College,
N. Y., Dec. 1862.

Clinic of Prof. John T. Metcalfe.

ORGANIC DISEASE OF THE HEART.

Female, about 17 years of age. There is a soft systolic murmur over the base and a mitral murmur over the whole of the chest posteriorly; there is also a regurgital systolic murmur, but no murmur in the arteries of the neck and consequently the affection is not of the aortic arteries. This patient has had palpitation of the heart, about seven years,—she once had pains in the joints, three or four months, which kept her out of school and in bed part of the time; in other respects her health has been good; she has headache, dizziness, bleeding at the nose and tinnitus aurium; she gets short of breath, if she walks fast or goes up stairs; has some cough, but no hæmoptysis. Though spitting blood is laid down as one of the symptoms of this condition of the heart, it is actually absent in the majority of cases. She has a bad appetite, with a dyspeptic feeling and some throwing up of food; there is no swelling of feet, no derangement of the menstrual function. The cause of the disease is involved in obscurity.

EPILEPSY.

Female, 16 years of age; Irish, single, vest-maker; takes convulsions at night and not in the daytime; is not conscious; had them first at ten years of age; the first attack was at night and the patient did not recover consciousness for twenty-four hours afterward; she is not known to have had any convulsions in infancy. No attack followed the first one for a period of six years, when she had a second attack and had three subsequently during the same year; her menses came on about a year ago; her appetite is good and general health unexceptionable. Epilepsy may be known from hysterical convulsions by the biting of the tongue in the former and loss of consciousness. She will return a week hence.

PLEURISY.

Male, 17 years of age. He had inflammation of the lungs twenty-two months ago, from which he

recovered. About five months ago, he felt a shortness of breath while at work; he has a cough and expectorates light colored mucus; his appetite is very poor and he has lost much flesh; had night-sweats about eighteen months ago, but has none now. On exposing the chest, the heart is seen to beat on the right side of the median line, while the left side is considerably enlarged; there is also unnatural fullness of the epigastrium, which conditions are due to pleuritic effusion. There is muffled broncophony on the left side and absence of vesicular murmurs at the base of the chest. If the fluid effused is simple serum, the patient will recover; if it is purulent, there is some doubt about recovery; if it is bloody, recovery will not take place. The way to determine the kind of effusion is to puncture the pleural sac, which is as harmless an operation as opening a gum bile.

Continued by T. Gaillard Thomas, M. D.

CARDIAC DISEASE.

Female, 10 years of age, Complains of nothing but pain in the left side and shortness of breathing after exercise. The heart is very much enlarged and we get a loud murmur, a kind of breathing "whoo," which is the sound of mitral regurgitation. This gives a deficiency of blood to the circulation and enlargement of the heart; there is also a roughness and constriction of the aorta. She should not be allowed to run up stairs much; should be kept from getting excited, sad, etc.; she will probably grow to womanhood and may outlive many of us; she should be kept from school and take no medicine. A residence in the country will be beneficial.

MITRAL REGURGITATION AND HYPERTROPHY.

Male, 18 years of age; a hardware clerk; has been sick three years; it first came on, with a cold; he had pain in the knees, hips, shoulders, etc., which pains continue up to the present time; has œdema of the feet, which are painful only when moving. We suspect from these symptoms that he has cardiac disease, the effect of rheumatism of three years standing. On exploring the chest, the diagnosis is made clear. We get a loud cardiac murmur, which is that of mitral regurgitation, and there is a good deal of hypertrophy. The sound is more intense over the apex and base. We ought to be very guarded in our prognosis of this case; he is beginning to have edœma and there is considerable enlargement.—Treatment should be very simple and principally hygienic.

SCIRRHOSIS.

Male, 45 years of age; married; Irish; cook. Has been sick about four years, but much worse, the last twelve days. The first symptom was pyrosis, throwing off a yellow matter three or four times a day; has now an icterous hue with a dry parched skin; is emaciated, and has also a femoral hernia. These symptoms point to disease of the liver. On physical exploration we find the liver a little diminished in size. The abdomen is filled with fluid and is resonant in the upper part where the intestines float. By this test we diagnose ovarian dropsy, from ascites. In the former the intestines are pushed to each side. If there is cancer of the liver, we ought to have the liver enlarged; if it is scirrhous it will be diminished; it has nearly the normal size here or is slightly diminished; the surface of the body is jaundiced. The prognosis is unfavorable. He may be relieved for a time, but he will ultimately become emaciated and run down. I am afraid to use cathartics in this case; diuretics are much safer.

℞ Potassæ Acetat., ℥ss.
Inf. Buchu, f. ℥ss. M.

CANCER OF THE LEFT LUNG

Male, 45 years of age, Has been sick since February last, almost a year, with a cough and pain in the back and left side. Anterior to this time he had not been in the enjoyment of sound health. The symptoms of which he complains may be produced by an aneurism, but an examination does not confirm this supposition. There is no evidence of heart disease. The respiration is performed almost wholly with the right lung, in which lung the vocal thrill is very distinct, while in the left it is scarcely audible. Percussion gives nearly the same sound on the upper part of each side. On the right side there is a slight mucous gurgle, distinct at the expiration of the expiratory effort. There is dullness on the left side from the lower angle of the scapula and increased resonance on the right side from the same point, the result of overwork. He has nothing of that peculiar blatant voice of pleuritic effusion, like that of a child speaking through a comb covered with paper; there is no diminution of the dullness on the back while lying on the face, consequently, we must throw out the supposition of pleuritic effusion. His suffering commenced gradually; his pain is lancinating; said to go through his chest and come out behind. He has a cancerous growth, or tumor, on the opposite side just beneath the clavicle and in the axilla of the right side. This class of cases are extremly difficult to diagnose. The treatment is simple, viz.: to build up the constitution.

PLEURISY.

Male, 21 years of age; single; Irish; been sick since August. He had a swelling or enlargement of the right ankle, with which he was confined to bed three weeks. Since this time he has continued work but suffers with pain and cough. The heart is perfectly sound. There is dullness at the lower extremity of the left lung. The right lung is perfectly sound. He has no fluid in the chest, but there is a rubbing together of the pleuritic membranes. There may have been effusion which is now absorbed. There has been effusion of lymph. Apply a blister at the point

of the pain, if painful still, cover the blistered surface with sulphate of morphia. Tonic is the most effective remedy. Hypodermic injection of three drops of Magendie's solution of Morphia will sometimes effect almost immediate relief.

CATARRH OF THE BILEDUCTS.

Male, 15 years of age. Presents a jaundiced appearance of the skin, especially of the body. Has a slight pain over the liver on pressure; has pain across the epigastrium, but no fever; liver is of normal size. At time of the attack he had been exposed to cold. Give him Sal Rochelle warm bath every night; a blister over the liver long enough to irritate; nature will accomplish a cure and all that medicine can do is to hasten it.

[To be continued.]

MEDICAL SOCIETIES.

PHILADELPHIA COUNTY MEDICAL SOCIETY, *March* 12, 1862.

SUBJECT FOR DISCUSSION: FEVER IN ITS RELATION TO INFLAMMATION.

Reported by *Wm. B Atkinson, M. D.*, Rec. Sec.

DR. WM. DARRACH: Among the roots of our Saxon words is "Eath," the radical of ease; which is deduced, in common with the French "aise" and Italian "agéo," from the Latin "ageo," traceable doubtless far back to an Oriental origin.

It has an extensive and comprehensive significancy, meaning pliant, free, gentle, without pain or difficulty or disturbance. Bodies in space, except perhaps comets and our globe, are at ease, "unresting yet unhasting." The master mechanist would have his contrivance labor not under noisy and destructive friction, but work with ease.

So once the human body! Its cell in its contractility and dilatability its endosmose and exosmose; and the organs of its triple organism with their blood and nerve and binding tissue *once* worked easily. Ease in body, ease in mind, ease in spirit, "mens sana in corpore sano"—in feeling and in motion free and gentle and obedient to a power pre-eminent—the King and Priest of Nature. This was the first state of the first man,—physiological. But now physiology is poetry; pathology, uneasiness—disease—mortality has become the sad reality. From the cry *at birth* to the terminus of evolution, it is *conflict* with destructive agents; in involution it is *labor and sorrow;* and in the momentary bloom of young manhood, it is a *vain shadow* of easy health. Uneasiness—disease—is the *res* and fever, phlegmasia, chronic and nervous complaints are its *modi*.

To the first of these, with its relation to the second, will be restricted the subsequent remarks.

Fever! By all its primary symptoms uneasiness is regarded.

Uneasiness is an abnormal condition of the sentient nerves. The fluid of the cell-batteries in the nervous centres and their consequent action and perpetuity are dependent upon blood—vital blood—the life is in the blood. Defect here, is defect in the condition and action of said batteries located in the grey substance of the foci of the ganglionic system and of the cerebrum, cerebelli sensorium, medulla oblongata, corpora pyramidalia and olivaria, and spinal cord.

Cell-batteries in these localities having become disordered by a ubiquitous morbid blood, sensation in all the organisms is diminished and consequently there exists a *general uneasiness.*

The second symptom of fever is restlessness. It is an abnormal condition of the motor nerves and a sequence of uneasiness.

The cell-batteries of the nervous centres being disordered from defective blood is not duly impressed by esodic-sensor nerves, and consequently do not duly transmit impressions to the exodic motor nerves which occasions a general defective muscular action. This is restlessness,—in a higher degree it is rigor and in the highest it is convulsion, choraic, epileptic, tetanic. All is referable to diminished exodic motor force.

The third symptom of fever is weariness. It is a sequence of protracted restlessness—a negative state—and needs no elucidation.

Uneasiness, restlessness and weariness are to each other as cause and effect, and signify—in action of the ganglionic and cerebro-spinal systems—enervation. Enervation from defect in the vitality of the ubiquitous blood.

In consequence of *this enervation* the normal stimuli do not normally excite sentient surfaces. Light, nor sound, nor temperature, nor odors, etc., properly excite the external organs of perception; nor air the lungs, food the stomach and rectum, et cetera; and so also in respect to the normal stimuli of the emotions, passions and mental faculties and all the internal corporeal functions.

To the above inseparable triple pathognomonics of fever are to be added subordinately the following, as also the effects of enervation, viz.: yawning, stretching, aching, jaw-trembling, teeth chattering, short, dry, hard coughings, horripilations, sternal weight, constriction of chest, delirium, stupor and coma. These are more like them with the three primary ones are the nervous phenomena of essential fever.

There is another category dependent upon an *abnormally unbalanced circulation of the blood,* tiding it extremely into *alternate* venous and arterial congestions and causing persistent capillary congestions, with serous and fibrinous transudations and pus formations, according to the order of the fever.

In regard to the venous congestion; it disturbs the systemic circulation by an extra

centripital suction power of the right auricle of the heart and stagnates the pneumonic circulation by a diminished suction power of the left auricle; the right ventricle consequently is engorged and the left is proportionately emptied. Blood with its due quantity of oxygen and nitrogen being abstracted from the entire arterial system, the nutrient capillaries defectively perform their functions in all the vital organs. The congestion in question, also produces oppressive and injurious venous accumulations and stagnations upon the brain, liver, portal and omental systems and consequently venous capillary, congestions and serous effusions. Hence, in regard to the said capillaries the symptoms of blueness of the ears, nose, and about the eyes and under the toe and finger nails; in regard to the lungs, the short hurried oppressed breathing; in regard to the brain, the headache, confusion of mind and stupor; in regard to the liver, the bilious vomiting and depression of spirits.

The want of nutrient and heating blood from diminished suction of left auricle and pulmonary venous engorgement is the cause of the additional symptoms of paleness, coldness of skin, shrunken features, shrivelled extremities and dull and sunken eyeballs.

Such are the symptoms from an abnormally unbalanced circulation of the blood dependent also upon diminished sensation from inaction of cell-batteries of the nervous centres from defect in blood. Herein is the materies morbi.

Be this molicular or organized cell, be it dissolved or commixed in the water of the blood, it is the febrile element principle,—the destructive principle.

This under various names, has been the doctrine of medical schools at all places and in all times.

From this and the present knowledge of blood and nerve, is presented then the axiom; that diminished sensation from inaction of cell-batteries in the grey nervous centres from defect of blood, under which the strength of the triple organisms are depressed and consequently the emotions, passions, faculties and functions are disturbed, *is caused by a materies morbi*, ubiquitous in the water of the blood from the water of the atmosphere,—a *destructive principle.*

There is a second class of symptoms, and among which are extra-animal heat, extra fullness and frequency of pulse, acknowledged always, everywhere, and by all, the pathognomonics of fever: flushes and flashings increased into an universal heat, lively pains in head, back and limbs, importunate thirst for cold drinks, desire for the exposure and relaxation of the body upon cold surfaces and for cold aspersions, redness of the capillaries, fulling up of the tissues, a full and frequent pulse, and *a stronger* pulse, extremely rapid circulation in extremely dilated and red capilleries, uric acid and its salts restored to the urine, extra suction power of left auricle and consequent fuller and more frequent inspiration and extra oxygenation of blood and extra heat of blood, inordinate activity of the mental faculties.

These and other symptoms are antagonistic to the first noticed class, and have been always so regarded. They signify a reaction—a manifestation of the natural force, the archæus, the vitality, the nerve power, the organic cell power. It is resistance to oppression,—the effort of a protective principle to restore the emotions, passions, faculties and functions to their normal condition.

This centrifugal condition is some times hypernormal, cording and oppressing the pulse, drying serous and mucous surfaces and hazarding irritation and consequent inflammations; or subnormal characterized by capillary inaction. Yet, notwithstanding these extremes, it is a salutary effort of the triple organism to restore its normal state; but which after all, is that of mortality —a condition which is subject to a law of evil.

Fever then, according to the above analysis, is the antagonism of a destructive and a protective principle which sustains the following definition, viz.:

Fever, in relation to a destructive principle is diminished sensation, which by depressing the strength of the nutritive, the sentient and the reproductive organism, disturbs the emotions, passions, faculties and functions; and in relation to a protective principle, is a salutary effort to restore said emotions, passions, faculties and functions to a normal condition that the triple organism may fully perform its appointed evolution, bloom and involution of mortality.

Another definition — more concise—derived from modern and very recent discoveries in neurology is this, viz.: Fever is in actionof cell-batteries from defective flow.

Having regarded fever as a class, its orders are implied which are two, perhaps three, certainly two, endemic and epidemic.

Endemic fever is a general disease, with first, a pathognomonic extra venous congestion of the liver and portal system. Its special form is that of paroxysm and apyrexia recurring daily, or every second and third day,—the paroxysm consisting of a cold, hot and sweating stage. This paroxysmal form has an ordinary recurrence of seven and fourteen paroxysms.

The second form is that of chronic hepatic venous congestion with an hebdomadal recurrence of paroxysms.

Its third form is that of secondary venous congestions of important organs, brain, lungs, stomach, intestines, kidneys, uterus and venous plexus of Breshet, neck of bladder and rectum.

The fourth form is that of venous hæmorrhages, produced from the above secondary congestion.

The fifth form is disturbed nervous centres and termini inducing various nervous affections, neuralgia, paralysis and convulsions.

Such is endemic fever!

What relation has it to inflammation?

As this paper purports to be on fever and its relation to inflammation, it is here in place to express the idea of inflammation which is here intended to be maintained, viz.: a capillary congestion of the connecting tissue which

softens and destroys said ubiquitous tissue and transudes serum and fibrine: the serum directly removed by the endosmotic power of venous radicles; the fibrine commuted into pus cell, then reduced to molecules, and thus removed by the same powers of the venous radicles.

This does not exist in the paroxysm, venous congestions and hæmorrhages and nervous disturbances of the intermittents; yet in the pernicious quotidian and triple tertians of the tropics, it is accidentally lighted up in the connective tissue of serous membranes: otherwise intermittents have no relation to inflammation.

There is however a catenated form of endemic called remittent which has a more manifest relation to inflammation. A remittent is a compound disease—an essential paroxysmal fever with an irritation of stomach or duodenum or liver separately, or of two or all of these triple organs. This irritation not unfrequently becomes inflammation, so that, as in the abdominal phlegmasia, there is a sympathetic constitutional excitement, to give a quickness to the contracted and frequent pulse and to aggravate the essential endemic fever.

Here is a direct and important relation of fever to inflammation, demanding a precedent heroic antiphlogistic treatment, to meet a special indication before the anti-periodic treatment to meet the general indication of an essential fever could with safety be entered upon.

Beside this, there is in remittents another relation to inflammation,—the deposit of a persistent fibrine in the connective or binding cellular tissue of the capsule of Glisson. The deadly effect of this inflammatory transudation is to compress the hepatic artery and cause a hob nail atrophy of the liver, and a consequent incurable ascites and death.

There exist then three relations between inflammation and the endemic order of essential fever, viz.: The inflammation of serous surfaces of the triple organs, stomach, duodenum and liver and of the capsule of Glisson. In the tertiary congestion of the second order of fever, there is a yet more important and frequent relation to inflammation.

The second order of fever epidemic—has, with a general disease of the entire triple organism, three pathognomonic local capillary congestions occurring successively, one or more of which fabricates a specific contagion. The primary congestion is located in the mucous membrane of the prima via and transudes serum in its binding tissue. The second is dermal and also in like manner transudes serum. There is yet a third congestion in epidemics, which hitherto has been overlooked or rather regarded, in its diversified forms and localities, as separate and distinct diseases, but which nevertheless belongs to the various genera and species of epidemic fever; and is the product of the epidemic materies morbi or of its consequent contagion. The locality of this tertiary congestion of the capillaries is very numerous, being the minute bronchi and their binding tissue, the tubuli biliarii, the tubuli uriniferi, the pia mater, pleura, pericardium, endocardium, peritoneum, absorbent glands, the subdermal tissue, and the binding cellular tissue everywhere.

Such are the many localities of this hitherto unrecognised and important phenomonon of epidemic fevers, be they in the multiform cases of influenza, in cholera or typhoid or in the varieties of the greater and lesser exanthems.

The important peculiarity of this tertiary capillary congestion is that it transudes fibrine and that it is commutable into pus.

When this fibrine is transuded into tubes, it becomes tube-casts and plugs, and constitutes, in the trachea and bronchi, the membrane and plugs and pus discharged in epidemic croup; in tubuli uriniferi and biliarii it constitutes the albuminous nephritis and cirrhosis; and in the jejunum it is the membrane of cholera. In these tubes the adherent surface of the fibrinous tube-casts and plugs is detached by becoming commuted into pus and thus expelled from the body; or, if not so detached, as in the liver, obliterate the minute tubes. When it is transuded upon serous surface, as the pia mater, pleura, pericardium, and peritoneum, it becomes a coherent membrane, which being commuted on its free surface into pus, and this reduced into molecules, is ultimately returned to the blood by the endosmotic action of venous radicals; and thus the disembarrassed envelopes of brain, lungs, heart and abdominal organs are restored to their normal condition and functions. When it is transuded into the substance of absorbent glands it becomes pus, then, molecules, and *then back* again to blood; and the gland resumes its normal size, shape, integrity and functions.

In all these structures, the tertiary congestion transudes fibrine without softening or destroying binding tissue or said structures.

When however it is transuded into the subdermal and intermuscular binding tissue it quickly is commuted into pus to form abscess and thereby is discharged without becoming molecular. Here there is a softening and destruction of cellular tissue.

Such is the nature of the tertiary capillary congestion of epidemic fever. It may, with propriety, be termed the inflammatory congestion of epidemic fever.

Then herein is disclosed and established the relation between epidemics and inflammation.

The amount of pus here formed has not been heretofore appreciated. The topic of pus has been hitherto exclusively considered as surgical. The Surgeon Hunter, on this subject, has been the authority. Lectures upon it in medical colleges have been always from the Professor of Surgery. But inflammation and pus, according to the above facts, have their place in the Fever Wards, and here indeed it measures out a quart of pus and more for each pint of it, in the wards of Surgery. Inflammation is then not only directly and intimately related to epidemic fever, but is its tertiary condition. Epidemics are febri-phlegmasiæ or rather phlegmasial fevers.

Is there a third order of fevers? Where are to be classed plague, yellow fever and typhus?

In their extreme malignancy, each is a general disease with defibrinated blood and palsied capillaries; sensation is extremely diminished; the strength of all the organisms is not only depressed but permanently lessened; the emotions and passions are inactive; the faculties are stupid and the functions are torpid. The predominant principle of destruction is almost without antagonism. Scarcely is there reaction. Idio-miasm commixed with the miasm of stale animal filth, saturated with marine bilge underheat introduced, into the human body under squalid want so devitalises the blood that vital force yields and the system sinks beyond reaction.

Endemics resemble a gale, epidemics a storm, but this third class with its unantagonized principle of destruction is a tempest.

Such are the three orders of essential fever—1st, a general disease with veno-hepatic congestion, secondary venous congestion and hæmorrhages in vital organs, and disordered nervous termini and centres; or 2d, with a triple capillary congestion with fibrinous transudation and pus formation, or 3d, with defibrinated blood, palsied capillaries and dominent power of destruction.

The term fever has commonly a more extended signification, and has and is applied to forms of disease as varied as the combination made in the kaleidoscope, and yet are reducible to a mere sympathetic constitutional excitement from a local irritation or from an accidental subjective blood or nerve degeneracy. These have properly no place in the class, Febris. In conclusion the question may be raised, is the inflammation which is related to fever, as above presented, the same as that which constitutes the class phlegmasia and is either of these that which properly belongs to surgery.

Dr. Corse thought it an important subject. In nearly all diseases we have inflammation or fever. It is difficult to define fevers. Authors do not give any definition, only the treatment. Galen first spoke of the disturbance of the pulse. Celsus and his contemporaries of the disturbance of the functions of the body. Fever is a disturbance of the system depending upon a cause, inflammatory or a materies morbi in the system. Its action is curative. The temperature is necessarily elevated to reduce these diseased matters to a condition capable of being cast off. There are two classes of fevers, one idiopathic fevers, the other symptomatic. If the cause in the symptomatic fever is removed, the fever ceases. Hectic is not really a fever. The object of fever may be curative, the expulsion of hurtful matters; in inflammation, fibrine is formed which isolates and cuts off the nutrition, and pus is formed from it, and an external opening is made, by which this is cast off, and the inflammation ceases.

Dr. Henry Hartshorne, remarked upon the not unfrequent occurrence of inflammation as a *complication* of fever, especially of the remittent type; and upon the occasional need of antiphlogistic treatment, of an active kind, when such an event occurred, or is even threatened, such a treatment is not at all inconsistent with a distinct recognition of the important pathogenetic differences between fever and inflammation.

Dr. Stille exhibited a specimen from a body which had been converted into adipocire. A graveyard at Francisville, (in the upper part of the city) was about to be built upon and in removing the bodies this was discovered. Some bodies were only partially, but this was totally changed.

The grave was about seven feet in depth, in a wet gravelly soil, with a super-imposed layer of clay. When he first saw it, the exhumation had occurred some ten days previously, and the body was firmer than at first. The only odor was that of mould. The appearance was like dingy American marble.

Adjourned.

EDITORIAL DEPARTMENT.

PERISCOPE.

OSTEOMYELITIS SPONTANEA DIFFUSA.

By Dr. Th. Demme,

Lecturer on Surgery and Pathological Anatomy of the University of Bern.

Translated for the Medical and Surgical Reporter

By Prof. Louis Bauer, M. D.

INTRODUCTION.

[The subjoined contribution of Dr. Th. Demme has appeared in the latest number of Langenbeck's Archive for Clinical Surgery. Were not its author already favorably known to the profession by his interesting and instructive studies in the Italian Lazarettos, (Wurzburg, 1859,) the public endorsement of the same by the first Surgeon of Germany could not fail to draw attention to it. The article on "Osteomyelitis" by Demmé, is to my knowledge the best, most complete, and thorough in surgical literature, both in a clinical and pathological point of view. The subject heretofore rather obscure and confused by erratic theories, has been rendered clear and appreciable by the profound investigation of the young author. Its direct bearing upon military surgery makes it still more opportune and acceptable to American Surgeons. I am, therefore, under the impression that a translation of this article will be appreciated by the readers of the Reporter as well as by the diligent author whose scientific merits fully deserve this acknowledg-

ment. I have been scrupulous in representing the statements and reasonings in the spirit of the author, and in as plain language as I could master. This being my purpose alone, I had no time to elaborate the diction employed, for which deficiency I request the indulgence of the reader.]

Louis Bauer, M. D.

The inflammation of the medullary membrane was both known by ancient Surgeons and distinguished from periostitis. It appears, however, that J. L. Petit was the first to demonstrate parenchymatous osteomyelitis. According to his observations, the disease followed divers injuries to the medullary cavity, and was therefore brought in pathological connection with comminutive fractures and amputations. Petit's views prevailed, until Chassaignac's* investigations proved, that osteomyelitis was not exclusively dependant on injuries that might likewise be the result of constitutional causes. A new field of pathological inquiry was thus opened, but not strictly followed.

The general attention was soon absorbed by a collateral symptom, namely, "inflammatory diastasis," and thereby, the study of this disease itself neglected. Some authors, Klose, Goplin, Frank and Fischer, are still of the opinion, that inflammatory diastasis is identical with osteomyelitis. This is, however, an error. For the former has been observed independent of the latter.

1st. In periostitis, at the lower third of the femur, from suppuration and necrosis. In the latter, the epiphysis may become detached before the common involucrum is formed, and it is altogether more frequent than the former. I have seen a case in point, 1860, at Guersant's Clinic in the Hôpital des Enfants Malades. The patient, a little boy of 5 years, suffered from suppurative periostitis. The epiphysis became detached in the fifth week. Hectic fever and profuse diarrhœa terminated his existence two weeks later. Autopsy: subperiostial and intersticial suppuration involving the matrix of the intermediate disk, (membrana pulposa of Klose;) the corresponding faces of the separated bones smooth without a trace of caries.

2d. In acute inflammation of the neighboring joint in young individuals, Garth† adduces several cases of this character.

3d. In circumscribed inflammation of the intermediate cartilaginous disks, to which the period of evolution predisposes. I am disposed to place the mild cases mentioned by Gosselin and Frank into this category. In fine, and

4th. In circumscribed and diffuse osteomyelitis as casual result.

The closer investigation of the subject is certainly warrantable on account of erroneous opinions still prevailing even among the surgical authorities of the French Scientific emporium. The discussion of the Académie de Médicine (1860,) on this subject, instigated by Roux, brought the fact in high relief, that it had not been penetrated to its full depth; that the views entertained were not sufficiently matured and supported by reliable pathological inquiry. Some of the most important questions were left unsettled or untouched, and the simple physiological process in the auxiliary formation of callus by the medulla ossium not clearly defined. I need, therefore, no apology for introducing some cases that have occurred in our clinical department.

The most essential distinction of osteomyelitis is that in the *circumscribed* and *diffuse* form, being based on anatomical differences. The former being intimately blended with bone abscess, is better understood by the labors of Hamilton, Lee and others. It is, strictly speaking, a local disease in both its course and termination, and therefore susceptible to resolution and operative relief. The mortality from this source by pyæmia, septicæmia, and hectic consumption is comparatively moderate. In diffuse osteomyelitis all conditions are reversed. It constitutes a disease of the greatest significance, endangering not only the existence of the bone, but, by constitutional reactions, life itself. Hence, the great mortality attending it.

I have chiefly directed my inquiry upon diffuse osteomyelitis of the femur, because:

1. This form is the most frequent;
2. It has been designated by all authors as the most dangerous form, and therefore, best calculated for testing the results of the different methods in treating it.
3. Chassaignac has but imperfectly described it.

First Case—Spontaneous Diffuse Osteomyelitis of the Femur.

John Minder, aged fifteen and a half years, entered on the 14th October, 1854, the Surgical Department of the University Hospital with an inflammation of the left thigh. The disease had begun five days previously with steadily increasing pains in the extremity; violent fever with great prostration; want of rest and appetite. The boy appears to have been of delicate constitution, but had never been troubled with local affections of a scrofulous taint. A definite cause for his present malady could not be assigned.

On careful examination, the following conditions were elicited. The left thigh including knee-joint greatly swollen, tense and pultaceous, mostly so toward m. m. adductor magnus and gracilis extending toward the popliteal space; at this region the integuments of ashy color with slightly distended veins. Effusion in the joint; temperature much increased; pulse 115; skin dry; tongue thickly coated; expression painful. It is evident that the purulent infiltration originates from suppurative periostitis, probably instigated by diffuse osteomyelitis. Between the two muscles referred to, a deep incision is made to the extent of 4½" for the two fold purpose of relieving tension and facilitating diagnosis. A large quantity of thin and fœtid pus escapes,

* Memoir sur Ostéomyelite, Paris, 1830.
† Beitræge, etc. Berlin, 1859. page 79.

separating in two layers, one at the bottom of the vessels containing copious pus cells, the other a fatty liquid ichor.

To favor the discharge, the limb had been surrounded by a bandage prior to the incision. Though no vessels of any magnitude had been divided, yet the bleeding was rather copious. The cellular tissue below the fascia greatly infiltrated with pus. Periosteum presents a dirty greenish yellow color, being raised from the bone and tense. The subperiostial collection relieved by an appropriate incision, whereupon the bone appeared unchanged in color and texture.

To prevent purulent absorption and to arrest the hæmorrhage, nitrate of silver, freely used over the surface of the wound. After the latter had been covered with a compress dipped in an infusion of chamomile and sugar of lead water, the extremity was finally placed in a splint.

Toward evening the pains almost subsided, perspiration set in, but the fever continued with the same intensity.

15th October.—Patient passed a sleepless night; pain returned. Change of dressing; injection of the wound. The entire surface of the inflamed portion painted with Tincture of Iodine (ʒj to ʒj.) The same dressing; immoveable position. Toward night, perspiration, headache, increase of pulse and temperature. Urine contains considerable albumen.

16th October.—Sleepless night; frequent chills; pain very intense; discharge free, copious and ichorous; increased distension of the joint; contact of the articular surfaces painless. Mixture with aq. chlorinæ; besides tinct. ferri. chlor.

17th October.—Nocturnal deliria; great pain and restlessness; vomited twice. This morning generally better; head easier; skin moist; tongue less coated; discharge abundant; less tinged with blood. Rheumatoid pain in the right knee-joint and thigh. Increasing pallor.

18th October.—Restless during night; complains of pain and thirst; collection of matter at the posterior surface of the thigh; hence, a new incision 2″ in length. Painting with Iodine over the joint. Next 24 hours tolerable.

19th October.—Knee-joint still more distended; its opening cannot be deferred; it contains decomposed matter. Injection of the former with aq. chlorinæ. In the evening increase of fever. Tumefaction of the thigh lessened.

20th October.—Night restless; lively deliria; great uneasiness. This morning, yellow discoloration of face. Periosteum covering the bone and where not covered, easily bleeding granulations spring up. The swelling of left knee-joint decreasing.

21st October.—During night rigor twice. Pain in right knee and along thigh but without swelling; headache, cough, diarrhœa and intense fever. Intumescence of left inguinal glands; deeper jaundice; lips dry; unquenchable thirst; toward night perspiration.

During the ensuing night violent rigors of half an hour's duration.

22d October.—Prostration great; torpor. Local condition as before. The suppurating surfaces are painted with tr. iodinæ, to increase the diminished suppuration.

23d October.—Consciousness persistently observed; copious diarrhœa; involuntary evacuation of both bowels and bladder. The right knee-joint swollen and distended. The suppuration more abundant. Death ensues in the course of the afternoon.

Autopsy:—The body attenuated and jaundiced; but few sugillations. Scarcely any rigor mortis. Brain and its membranes anæmic. Sero-purulent effusion in the left pleural sac. On the right, old adhesions. In left lung, several hæmorrhagic infarchus; one of them in necrosic decomposition. In the right lung, several purulent collections and apoplectic extravasations. Hypostasis in lower lobes. Pulmonary catarrh. Contracted heart, contains little blood. Bronchial gland swollen and hyperæmic. Spleen very large and engorged. Purulent deposits interspersed through the parenchyma of the liver. Intestinal tract unchanged but mesenteric glands in the same condition as the bronchial. In kidneys, numerous hæmorrhagic infarchus, partly decomposing; extensive catarrh of uriniferous tubes. Two lower-thirds of left thigh infiltrated with ichor, following the sheaths of vessels down to the popliteal space. Thrombosis of vena femoralis extending into finer ramifications; the thrombi partly dissolving, partly adhering to the vessel. Diffuse suppurative periostitis, occupying the two lower thirds of the femur; periosteum in part resting on the bone. The latter discolored and resonant. The articular cavity filled with decomposed pus. The articular cartilage of the femur perforated by granulations like a sieve. Cruciated ligaments softened. Semi-lunar cartilages apparently unchanged. Sinuses from the joint toward the affected periosteum.

After having longitudinally divided the femur, the medullary cavity to the extent of the external affection exhibits infiltration with ichor comprising likewise, the cancellated structure. The epiphysis exhibits several fistulous tracts, terminating in the perforation of the cartilage. No rarification of bone. The external circumference of bone unchanged. The articular surface of the tibia almost normal; the synoval lining, however, injected and slightly granulating.

In the right knee-joint purulent infusion; its synovial membrane covered with miliary granulations; cartilages intact. Right thigh œdematous. Longitudinal division of the femur leaves no doubt, that the same affection has already commenced, presenting decided hyperæmia and capillary apoplexy, and at different places incipient suppuration. Near the epiphysis a larger collection of pus. Thrombosis of the nutrient vessels.

In the left groin the lymphatic gland is suppurating.

The minute anatomical conditions of the bones will be related in connection with the other cases to obviate repetition.

[To be continued.]

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, DEC. 27, '62; JAN. 3, '63.

GARIBALDI.

In a recent number, in some comments on the then apparent condition of Garibaldi and his wound, we suggested the propriety of Mr. Partridge, of London, subscribing heavily to the "Garibaldi Fund," as a partial atonement for what appeared to be blundering surgery on his part. Subsequent developments have vindicated the judgment we had formed in the matter.

Mr. Partridge, seems to have first seen Garibaldi in consultation on the 19th of September, three weeks after the distinguished man was wounded. In that consultation opinions were somewhat divided, the conclusion of the majority being that there was no present evidence of the ball having lodged in the wound. In this opinion Mr. Partridge had the support of M. Porta, M. Banetti, and other distinguished Italian surgeons, and subsequently that of Pirogoff, the celebrated Russian surgeon.

On the 25th of October, Mr. Partridge was again summoned to a consultation. Having been detained on the way, he did not arrive at Spezzia until the 30th, the day after that fixed for the consultation. We extract the following from his report.

I saw the general on the 30th of October, the day of my arrival at Spezzia, where he occupied a suit of apartments on the first floor of the Marine Hotel. I was present at the afternoon dressing on that day; and on the following one I made, in conjunction with Dr. Pirogoff, the chief of the medical department of the Russian army at Sebastopol, and perhaps the first authority on gun-shot wounds in Europe, a careful, quiet and satisfactory examination into the general's wound and health.

On the 29th of October, at the copsultation, the question of amputation was proposed, discussed, and happily rejected as unnecessary and uncalled for. At the same time M. Porta, the experienced and distinguished surgeon of Riva, made a searching examination with his little finger, thrust forcibly and deeply into the wound; but though he turned his finger round in every direction, no bullet could be detected; showing that M. Nelaton was mistaken in supposing that he felt the ball within an inch of the orifice of the wound—in fact, the bullet has never yet been felt by any one, nor has its presence or whereabouts been determined by actual demonstration.

* * * * * * * *

At present the joint is more swollen than when I saw it at Varignano (probably the result of the examination on the 29th of which the General complained;) the foot, though otherwise in a good position, is turned a little more inward, owing, I believe, to the want of support from the broken off internal ankle. The joint is free from pain, in flexion and extension.

The General's health is excellent, and his face and expression are quite unchanged; his appetite, sleep, etc., are also good; in fact, he has little of the outward appearance of an invalid. The leg is suspended in a Salter's swing fracture-cradle, sent to him by his English friends, and he reposes on an invalid bed which I was commissioned to select and send out to him from England, upon which he was removed from Varignano to Spezzia, and which affords him the greatest comfort and ease. We found him at first in a confined room, with the windows pasted up, but on the day I left Spezzia his removal was effected into a large and airy adjoining saloon.

* * * * * * * *

The General, however, suffers so much from rheumatic pains, and Spezzia at this season of the year is so damp and muggy, that his removal for the winter to a warm and dry climate is imperative. Dr. Pirogoff and I concurred in the opinion that amputation is uncalled for; that the wound should be simply and lightly dressed, and allowed, if it be so disposed, to heal; that if the bullet be really lodged in the wound, it must be deeply seated, and that time will indicate its presence, and facilitate, without injury, its removal.

In conclusion, I have only to reiterate my former opinion, that though the cure must needs be tedious, yet that with rest, quiet, good air, etc., the case will do well, without loss of limb, and perhaps even without much impairment of the utility of the injured joint.

The General was soon after this removed to Pisa, the most favorable climate for him in Italy.

M. Nelaton, the distinguished surgeon of Paris, on his first visit to Garibaldi, gave it as his opinion that the ball was still in the wound, and indicated the time when it could probably be removed, and predicted a favorable result. He seems to have had the support of the Italian surgeons, Ripari, Menotti, and Lanetti, and Basile, the young surgeon in attendance.

In a late clinical lecture, Nelaton, gave the following account of his procedure in the case. His reception at the opening of the clinical lec-

tures at the hospital and on the morning of the delivery of the lecture on the wound of Garibaldi, was most boisterous.

"On his first visit he had fully convinced himself that the ball was still in the wound, and at what distance from its surface. Percussion with an exploring instrument gave out a dull heavy sound, very different from the clear thin sound which would have been produced had the body been simply a necrosed portion of bone. On returning to Paris, M. Nelaton, however, looked for some means of equally convincing others. He had contrived a *sonde* with a roughened extremity, like a file, which by a slight rotary movement would be capable of removing some particles of the body it came in contact with. This contrivance was, however, superseded by another; it consisted of a *sonde* with its termination in a small olive-shaped body, made of white, unvarnished porcelain, and capable of receiving a stain, which would not easily be effaced, from a metallic body like lead. This instrument was forwarded to M. Zanetti, and it was in that way that the professor and his colleagues fully convinced themselves that M. Nelaton's opinion was well founded; and by adopting the method which he had proposed of gradual dilatation, they at last happily succeeded in removing the projectile."

The triumph of Nelaton has been very flattering to the national pride of the French, which is not in the least diminished by the fact that Partridge's visit cost several thousand dollars, while Nelaton went to Italy without fee or reward.

The universal interest felt in the welfare of this remarkable man is truly wonderful. Nor was it confined to the learned and scientific. He was overwhelmed with visitors from all parts of Europe, and it finally became necessary for his medical advisers to prohibit any one seeing him.

Among those who annoyed him by their attentions were charlatans. A letter dated Spezzia, Nov. 6th, says:

As long as his lady friends confine their attentions to flavors and delicacies in the eating line, the doctors make no difficulty, but the most amusing zeal is displayed by the General's friends in the shape of pomades and ointments. Yesterday a solemn packet arrived to be delivered into the General's own hands, and it was brought by a superior marine officer, who rendered great service during the imprisonment at Varignano. He had the satisfaction of presenting it himself. It contained a quantity of dark liquorice-looking stuff, with directions for use, together with some red and white ravellings to be used instead of lint. Another gift is of hare's fat, the result of which, when spread on the wound, is to cause the ball to walk out of itself in the space of three or four hours.

As long as the gifts come of themselves one can afford to laugh, but when the donors accompany them it is a serious affair. There is a kind-hearted soul here who has come all the way from Paris with lotions and pomades, and certificates of their efficacy, who, on presenting herself to the attending surgeons, expected to be admitted to handle and heal at pleasure. She applied first to the one and then to the other, always with the same result; and after remaining here fifteen days, she is now thinking of returning in despair that men should be so cruel as to deprive the General of swift and certain cure. Yesterday she came and tasted both lotion and pomade to convince me that they were not poison.

M. Nelaton has received the following letter from Garibaldi:—

"My very dear Friend,—I owe you a word of love and gratitude. Your appearance at Spezzia, brought happiness to me, and, if any doubt of my recovery could ever have crossed my mind, in spite of the fraternal and learned care of the surgeons who attended me, at your interview, so eminently sympathetic, and at your words, so sublimely encouraging, it would have disappeared. I am much better since the extraction of the ball, so ably effected by our compatriot, Professor Zanetti, and with the instruments which you had the kindness to send me. To-morrow a fixed bandage will be applied, and I hope to be able very soon to move about upon crutches. God bless you, as well as those virtuous men whose humane principles have honored the eminent man of science and the benefactor.—Your devoted,

"*Pisa, December* 5. "G. Garibaldi."

At the last accounts Garibaldi was rapidly recovering.

PHILADELPHIA AND THE SOLDIERS.

Philadelphia hospitality to the volunteers in our army has become proverbial. It will be proper to say something of it here. In the early days of the rebellion, whenever a squad, or regiment of men went through this city, on their way toward Washington, in whatever neighborhood they halted, the women in the vicinity would hastily gather together whatever food they had at hand—strip the table, if it was meal-time—and present it, a free-will offering to the defenders of their country. It was soon found that the troops from the North and East who came over the Camden and Amboy route, and passed through Washington Avenue to the

Baltimore Depot, were often poorly provided with rations, and gratefully accepted the attentions referred to above. As the number of passing troops increased, it became evident that there must be organized effort in order to supply the wants of all. Two associations were formed, one called the Union Volunteer Refreshment Saloon and the other the Cooper Shop Refreshment Saloon, and what was at first a mere neighborhood patriotic demonstration on the part of a few ladies, soon grew to the magnitude of two benevolent associations, supported by contributions from all parts of the city, which emulated each other in their attentions to the soldier.

The modus operandi of these associations is the following: By an arrangement with the telegraph companies, it is known about what time a regiment may be expected. As soon as the train arrives on the opposite bank of the Delaware a cannon is fired, and a committee of ladies in the vicinity, be it day or night, immediately repair to the Saloons, and prepare the tables, which are spread with eatables of almost all kinds. Facilities are also provided for washing, and combing and brushing the hair, etc.

Each Saloon has also a well-appointed Hospital attached, with from fifteen to twenty beds each. These Hospitals are attended by Drs. Ward and Nebinger gratuitously, and have been the means of comfort to many a sick and wounded volunteer.

The following statements will give some idea of the magnitude of this work:

"Two hundred and nineteen regular regiments, making an aggregate of 205,000 men, were refreshed at the Volunteer Saloons, from May, 1861, to October 23, 1862. In addition to these, 225,000 were entertained in squads and regiments going and returning, and 20,000 subsequent to October 23d, making a grand total of 450,000 men who have eaten at these establishments. The cost of meals *per capita* has been estimated at twenty cents, which, with the numerous other expenses incident to the organization and management of the Saloons (exclusive of help, which is, of course, given gratuitously), shows that over $100,000 have been appropriated by voluntary subscriptions through these channels alone, for the comfort of soldiers passing through the city of Philadelphia."

To be added to the above is at least $600,000 subscribed by our citizens to encourage enlistments, besides $1,000,000 or more appropriated by the City Councils for the same object, and for the support of families of volunteers.

Again, the contributions in money, provisions, and other comforts, and labor, on behalf of the invalids in our score or more Hospitals can scarcely be estimated.

Finally, the Fire Companies of the city, eager to have a share in the good work, undertook the task of removing the sick and wounded soldiers from the boat or cars in which they arrive from the South, to the Hospitals.

"The different companies engaged in this work acted without concert until the 15th of September, when their delegates met at the hall of the "Northern Liberty Hose Company," and adopted the resolution: "That the Fire Department of Philadelphia, confident that they have the means, will, in conjunction with the citizens, provide conveyance gratuitously to carry all the sick and wounded soldiers to the hospitals." After this meeting the persons who had received the "job" from Government retired from their contract, and left the field in possession of the firemen. Those few companies participants in this enterprise who have not yet obtained their regular ambulances, are having them made as rapidly as possible. Even now, more than twenty-three are ready for service. These, united, will be able to carry, of men who can sit up, 276; or, 150, sixty of whom may be extended at full length. It would be difficult, if not impossible, to ascertain the exact number they have conveyed since their labors commenced, as in some cases no accurate accounts have been kept. They will average, however, at the very least, 250 for each company, making in all, 5,750 men—a large number, when it is considered that they competed with the contractors before spoken of, and many citizens who were anxious to assist."

An ambulance has become a regular appendage to each Fire Company, and some of them have provided luxurious carriages for the purpose. The fire bell on the City Hall (*Old Independence Hall*), gives notice of the arrival of a boat or train containing sick or wounded troops. When the alarm-bell strikes the signal (9 and 6) for an arrival of sick and wounded, they harness up immediately, and, after learning from the

nearest police telegraph station where they are wanted, are very soon on the spot.

The medical profession, besides other contributions, give their services gratuitously to the families of volunteers.

On the whole, Philadelphia has taken a great deal of stock in the Union. May it soon yield the return that devoted patriotism expects!

EDITORIAL NOTES AND COMMENTS.

Clinical Reports.—The brief space allotted to clinical reports in our pages for some time past, and the entire absence of such reports from the civil hospitals of this city, which are served by some of the best clinical teachers in the country, has been the subject of remark, and in numerous instances correspondents have alluded to it. There have been sufficient reasons for this. Let the following suffice:

1. We were unable, at the commencement of the lecture season, to secure a competent reporter, as the practitioners of this city, who might otherwise have had the leisure, were in the Government service, in the Army or Navy, or in some of the score of Military Hospitals in this city.

2. We applied to at least *five* of the Clinical lecturers, in the Hospitals and Schools of this city, requesting them to recommend some one to us to take notes of their clinics, and offering to pay weekly for the reports published, but they failed to procure them.

3. It is unquestionable that good Clinical Reports are acceptable and useful to our readers, but scarcely more so, we think than they are beneficial to the clinical lecturers themselves, or to the Medical Schools with which they are connected. The Reporter *numbers its readers by thousands*, and a capital of $30,000 would scarcely suffice to place a medical journal in the position it now occupies. If Philadelphia physicians are wise, and medical teaching is worth anything here, they will second our honestly and and earnestly made efforts to give them a fair—we will not say an exclusive—representation in its pages. Clinical teachers in other cities appreciate the value of our extended circulation, and without our solicitation voluntarily send in their reports.

4. As we are publishing, in each number, a large amount of clinical matter from the Military Hospitals, our readers are not suffering, and are not likely to suffer for want of that kind of material.

5. We are glad, however, to be able to announce that we have succeeded in making an arrangement by which we shall be able to give in each issue of the Reporter hereafter, some reports from the Civil Hospitals of this city. We will, henceforward allow to such reports whether from Civil or Military Hospitals, their due proportion of space.

Killed and Wounded at the Battle of Fredericksburg, Va.—This battle took place on Saturday, December 13th, chiefly. The National forces ineffectually stormed strongly fortified positions. The casualties were, of course, considerable, but the sequel has proved that they were at first greatly exaggerated. Gen. Burnside's official report places the loss, in killed, at 1,152, and the wounded at between 6,000 and 7,000. Gen. Burnside says: "The surgeons report a much larger proportion of slight wounds than usual." Of the wounded, from three to four thousand are receiving treatment in the hospitals.

All accounts concur in according great praise to the efficiency of the arrangements of Dr. Letterman, the Medical Director of Gen. Burnside's army, for the prompt removal and care of the wounded.

Gen. Lee, the commander of the insurgent forces, in his official dispatch to Richmond, places his entire loss in killed and wounded, at 1,800; but the Richmond papers of the 15th speak of 2,500 wounded having reached that city, in addition to others who had previously arrived, and also complain of the exposure of those still left near Fredericksburg. The probability, of course, is that their casualties were considerably below those of the National forces.

The Medical Society of New York,—This Society will hold its fifty-sixth annual session in the city of Albany, on the 4th, 5th and 6th of February, as will be seen in the notice on another page. These annual meetings are largely attended, and are becoming of greater interest than ever, as is evinced in the Volume of Transactions which the society yearly issue, and which are so eagerly sought by the profession. The meeting brings together many of the distin-

guished physicians and surgeons of the State, and a most cordial welcome will be extended to members of the profession from other States who may desire to attend the meetings of the Society. The annual address by Dr. Hun, the President, will be one of the attractive features of the session. Dr. Hun is one of the most accomplished students and polished writers in the State, and he has few superiors in the country. A report of the proceedings of the Society will, as hitherto, be early laid before the readers of the Reporter.

The Medical Society of New Jersey.—This venerable body, the oldest State Medical Society in the United States, holds its *ninety-seventh* annual session this year, (on the 27th January,) at Jersey City. These are always occasions of great interest, which we understand will be enhanced on this occasion by the presence of a number of physicians from New York city. In three years more this Society will hold its centennial celebration. We trust that the meeting this year will be of interest and profit to the profession, and shall try to be present to share in its benefits.

CORRESPONDENCE.

A SINGULAR INTERMITTENT AFFECTION CURED BY INOCULATION.

Lancaster, Ohio, Dec. 1862,

Messrs Editors:—Two years ago a man about thirty years of age applied to me on account of an intermittent accompanied with a singular nervous affection under which he had labored for six years. On Thursdays in particular, he was confined to the bed, being attacked with the following symptoms, according to his description. About four A.M. his toes, heels, nose, and ears became disagreeably cold; an hour after, his nose and ears, the centres of the feet, and the palms of the hands became gradually warm, and a general twitching commenced from the lower to the superior extremities; next a pain took place above the eyebrows, then a general fever, followed by excessive thirst. Two hours after he became quite delirious. He said that he applied to every medical man of any note, he could hear of during his illness, but to no avail. I administered to him the ordinary antiperiodic medicines in the strongest form compatible with safety to his constitution, for three weeks. At the conclusion of that period he came into my office to tell me that I was no more successful than my predecessors.

About that time a young boatman came in who had been laboring under an intermittent affection, with several large pustules on his upper lip. He said he had had no symptoms of his disease since those pustules made their appearance. The idea at once flashed through my mind that I would make the experiment of *inoculating with matter from some of those pustules*, this young man whose disease had proved so invincible to the effects of medicine for years past. I at once inoculated him in the usual form. About nine days afterward he informed me, that in six days after being inoculated an eruption appeared on various parts of his body. On the Thursday following, all his symptoms returned, but so slight that they were of no inconvenience to him. He also reported to me in twelve days after this with gladness in his aspect; he said that he had had no symptoms of the old disease since, and unless reminded of it he would not think of it.

The above leads me to infer that intermittent infection has the power of eradicating that susceptibility which tends to expose the general system to distressing effects of malaria. I hope that other medical men will make trial of this plan and report the result of their experiments through the medium of the Reporter.

E. Lynch, M. D.

ARMY AND NAVY NEWS.

The Wounded of the left wing of the Army of the Potomac.—A newspaper correspondent, writing from the left wing of Gen. Burnside's army after the late battle, says:

Two of our division hospitals, Gibbons' and Meade's, continue to remain on the river bank, near by to where the lower pontoon bridge was laid. A large dwelling, belonging to a Dr. Morrison, and until the battle occupied by him, is used for the former. Long rows of wide roomy tents are pitched in the front yard and to the right and left of the dwelling. Dr. Chas. J. Nordquist, the experienced Surgeon of the Ninth New York State Militia Regiment until recently, but now of this division, has charge of the hospital. His assistants are: Dr. Enos G. Chase, Surgeon-in-Chief of First Brigade; Dr. Abraham L. Cox, Surgeon-in-Chief of Second Brigade; Dr. Alston W. Whitney, Surgeon-in-Chief of Third Brigade; Dr. Walter B. Coventry, Twenty-sixth Regiment New-York Volunteers; Dr. R. S. Dana, Recorder.

Sixty-seven cases of amputation have occurred

from which only two deaths have resulted. Chloroform has been administered to 186 patients with complete success, Out of the whole number of wounded (819) 40 have died in the hospital and 3 in the ambulances while being conveyed from the battle-field. The names will be found below. The remaining 779 the Director informs me will recover with the exception of six. The following is a copy of his report completed and sent in yesterday.

Tabular Statement of Wounded in Hospital, Reynolds' (Second) Corps, Gibbons' (Second) Division, near Fredericksburgh, on the 17th day of December, 1862.

	Shell.	Bullet.	Amputations.	Excections.	Given chlorf'm.	Total
Head	2	42	—	—	—	44
Neck	1	3	—	—	—	4
Chest	3	39	—	—	—	42
Abdomen	4	6	—	—	—	10
Back and spine	1	9	—	—	—	10
Hips and Genitals	1	39	—	—	5	45
Shoulder	2	33	—	—	10	45
Arm	5	71	15	—	19	100
Forearm and hand	2	33	5	1	7	48
Thigh	2	97	10	—	85	194
Leg	2	154	16	1	42	215
Foot	3	16	4	—	8	31
Finger	—	—	13	—	—	13
Toes	—	—	4	—	—	4
Patella	—	—	—	2	2	4
Grand total						819

Three hundred have since been forwarded to the Washington Hospitals.

Assistant-Surgeon R. S. Dana, Recorder.

Naval Orders.—Dr. Wm. B. Greene, of Philadelphia, has been appointed an Acting Surgeon, and ordered to the Saginaw. * * * Assistant Surgeon S. W. Abbott, has been detached from the Chelsea Hospital, and ordered to the iron-clad steamer Catskill. * * * Assistant Surgeon J. H. Means, has been ordered to the iron clad steamer Lehigh.

NEWS AND MISCELLANY.

Pension Examining Surgeons.—The Commissioner of Pensions has made the following additional appointments.

Illinois.—Drs. O. B. Howell, Aurora; John F. Daggett, Lockport.

Indiana.—Drs. F. S. C. Grayston, Huntington; Stephen D. Ayres, Marion; Townsend Ryan, Anderson.

Iowa.—Drs. A. H. Ames, Lyons; J. P. Finley, Leon.

Kansas.—Drs. Edw'd H. Grant, Troy; J. F. Newland, Emporia.

Michigan.—Dr Edward Dorsch, Monroe.

New Hampshire.—Dr. Benj. S. Warren, Concord.

New Jersey.—Dr. Lyndon A. Smith, Newark.

Pennsylvania.—Drs. L. S. Filbert, Philadelphia; Wilburn Whitley, Conneautville; Edward Swift, Easton.

Drunkenness and its Results.—In the last report of the Registrar-General we have some light thrown upon this subject. In it, among one hundred and twelve causes of mortality we find "Alcoholism"—a term signifying, of course, the direct agency of inebriating drinks. The deaths are registered under two sections — namely *delirium tremens* and *intemperance*. The victims we find to be of both sexes and of various ages. In the ten years ending with 1860, more than eight thousand deaths were registered as caused by alcoholism. But to simplify the matter, let us take, with Mr. T. A. Smith (in the report before us, p. 75,) our illustration from the three years ending with 1860. In these three years the deaths were as follows:—

	1858.	1859.	1860.	Totals.
Delirium tremens	424	545	457	1426
Intemperance	288	345	318	951
Totals	712	890	775	2377

Now, though these numbers are sufficiently appalling, we fully agree with Mr. Smith in refusing to believe that they represent the full amount of mortality produced by the direct agency of alcohol. Nevertheless, such as they are, they assure us that for three years this kind of self-murder was commited at the rate of more than two persons a day! To place this fact in a stronger point of view, let us, in following Mr. Smith, compare the mortality from alcoholism with the death from poison. The deaths registered as produced by the latter were—

	1858.	1859.	1860.	Totals.
By accident or negligence	282	279	240	801
Suicide	119	112	156	387
	401	391	396	1188

Thus the whole of the deaths by poison were 1188; the deaths by alcoholism 2377, or more than double the number registered from all the poisons.

Again, let us compare the deaths from alcoholism with those from murder and manslaughter:

	1858.	1859.	1860.	Total.
Murder and manslaughter	344	338	377	1059

Thus the deaths from alcoholism were more than twice as many as those from murder and manslaughter.

But we see the deleterous effects of overmuch drink in a still more forcible way if we add together the number of deaths from poisons and those from murder and manslaughter:—

Deaths by poison in the three years	1188
Deaths by murder and manslaughter	1059
Together	2247

The deaths from alcoholism were 2377, or 130 more than all the deaths from all the poisons, all the murder, and all the manslaughters put together!—*Lancet, from Dublin Medical Press.*

Yet, in the face of such statistics as the above, no *effectual* laws can be passed to arrest this horrible bacchanalian holocaust, to say nothing of loss of reason, reputation, honor, property, and the sufferings of families, which are *not included* in these statistics,—and all because of the alliance between "rum and politics!"

Hospitals in Washington and vicinity.—It is stated that there are between thirteen and fourteen thousand sick and wounded patients in the different hospitals in Washington and vicinity Since the battle at Fredericksburg, about 2,500. have been sent to Northern hospitals.

The Medical Department is vacating and returning to their congregations as fast as possible, the various churches which, for some months past, have been used as Government hospitals.

A Magnificent Result.—At the meeting of the United States Sanitary Commission, recently held in New York, it appeared that, besides immense supplies of hospital stores distributed, they had received $525,000 in money, of which $180,000 are still in their treasurer's hands and subject to order.

The Western Sanitary Commission (of St. Louis), which is an independent organization, has received and distributed hospital stores to the amount of three hundred thousand dollars, and one hundred thousand dollars in money. It had on the 1st of December fifteen thousand dollars on hand, and its expenditures are at the rate of ten thousand dollars a month.

The whole of this, is by purely voluntary gift from individuals. Nor is this the whole. Every State and almost every city and town has its separate channel of munificence for soldiers in the field or for their families at home; and what is done by the above named commissions is probably less than half of the voluntary contributions in the past eighteen months. We call this a magnificent result.—*Boston Eve. Transcript.*

A Compliment.—Dr. R. S. Kenderdine, Surgeon of the Citizens' Hospital at Broad and Walnut Streets, recently had the compliment of the presentation of a sword paid him.

Report on Exemptions.—Dr. Ira D. Hopkins, jr., of Utica, N. Y., examining Surgeon for Oneida Co., has presented a report to Surgeon-General Vanderpoel, of which the following is a summary:

4,027 applicants were examined, of which 986 were recommended to the Commissioner for exemption, and 3,041 were rejected.

Ages.—Between the age of 18 and 20, 40; between 20 and 25, 105; between 25 and 30, 183; between 30 and 35, 210; between 35 and 40, 252; between 40 and 45, 190; between 45 and 50, 6.

Nativity.—Americans, 727; Welch, 73; English, 59; German, 55; Irish, 54; French, 10; Scotch, 8.

Occupations.—Agents, 8; artists, 2; bookkeepers, 9; blacksmiths, 18; bankers, 3; boot and shoe makers, 25; bakers, 4; book binders, 1; butchers, 17; builders, 9; carpenters, 33; clerks, 59; carriage makers, 9; constables, 2; conductors, 3; cigar makers, 9; cabinet makers, 3; coopers, 3; dentists, 5; editors, 2; engineers, 3; engravers, 1; farmers, 410; hotel keepers, 8; harness makers, 8; lawyers, 16; laborers, 57; livery keepers, 2, moulders, 20; merchants, 97; machinists, 29; mechanics, 11; masons, 5; millwrights, 2; manufacturers, 2; millers, 6; oil refiners, 1; photographers, 3; physicians, 13; painters, 9; pedlers, 5; printers, 8; pattern makers, 4; spinners, 7; superintendents, 4; students, 10; saloon keepers, 4; tailors, 12; tinsmiths, 4; teachers, 3; no trade, 8.

In the following table, the first column gives the surgeon's, and the second the commissioner's exemptions, with the diseases upon which recommendation for exemption was made.

	Surgeons.	Commis'r's.	Total.
Asthma	26	7	33
Disease of bowels	42	6	48
Disease of throat and lungs	178	71	249
Disease of heart	66	24	90
Disease of kidneys and bladder	34	15	49
Disease of testes	4	4	8
Defective hearing	78	31	109
Defective speech	7	5	12
Defective vision and loss of sight	82	40	122
Dementia	4	..	4
Debility, general ill health	34	14	48
Fistula in ano	6	..	6
Epilepsy	22	11	33
Hemorrhoids and disease of rectum	42	40	82
Hernia	87	73	160
Injury to joints	69	67	136
Injury to limbs	26	66	92
Injury to hands and feet	34	37	71
Lumbar abscess	3	..	3
Paralysis	3	..	3
Rheumatism	42	45	87
Sciatica	1	..	1
Spinal affection	24	14	38
Syphilis	20	12	32
Varicose veins	22	12	34
Varicocele	14	12	26
All other causes	16	11	27
Total	986	617	1,603

Height.—Five feet 6 inches and under 6 feet, 716; under 5 feet 6 inches, 198; 6 feet and over, 77.

Weight.—Between 90 and 100 pounds, 3; between 100 and 110, 12; between 110 and 120, 12; between 120 and 130, 158; between 130 and 140, 220; between 140 and 150, 190; between 150 and 160, 160; between 160 and 170, 113; between 170 and 180, 52; between 180 and 190, 30; between 190 and 200, 18; between 200 and 210, 10; between 220 and 230, 4; between 230 and 240, 4.

Color of Eyes.—Blue, 366; gray, 338; black, 158; brown, 90; hazel, 34.

Color of Hair.—Brown, 742; black, 190; gray, 22; red, 32.

Complexion.—Fair, 616; dark, 370.

Answers to Correspondents.

Dr. C. C. H., Ohio—The Visiting List was correctly ordered when first you wrote for it, and we regret that you did not receive it. We have ordered another to your address, and you will doubtless receive it. Many thanks for the new subscribers.

Dr. D. H. B., Rhode Island—We are glad to correct your account. Mr. White made no return of your payment. We have sent you the Treatise on Microscopical Diagnosis.

Dr. G. C., Kentucky—We have sent you a list of the prices of the articles you named. When you think of purchasing, we will see that your articles are carefully selected.

Dr. A. H. H., Ohio—We have mailed you Bullock & Crenshaw's chemical catalogue, and written you in reference to your selection.

Dr. J. K. B., Maryland—We have forwarded some of the numbers you desire, and the others will follow as soon as they are issued.

MARRIED.

Horwitz—Gross.—In this city, on the 18th of Dec., by the Rev. Dr. Howe, B. Franklin Horwitz, Esq., of Baltimore, and Miss Louisa E., daughter of Dr. D. S Gross, of Philadelphia.

Lent—Stevenson.—On Wednesday morning, Dec. 24th, by Rev. G. Alex. Peltz, D. D., at the Prilgrim's Baptist Church, Dr. Nathaniel W. Lent, and Mary Adelia Stevenson, daughter of the late James E. Betts, Esq., of New York.

Taylor—Coleman.—In Baltimore, on Monday, Dec. 22d, by Rev. W. O. Jarvis, of Niagara Falls, Dr. George Taylor, U S. A., and Phebe S., daughter of Robert B. Coleman.

Young—Hight.—In this city, on the 23d of Sept. last, Dr. John Young, U. S. A., and Miss Kate, only daughter of J. F. Hight, Esq., of this city.

DIED.

Baker—At Barry, Ill. Dec. 12th, at the residence of her son Dr. Albert G. Baker, Mrs. Lucy Baker, mother of the late Gen. E. D. Baker, U. S. A.

Barclay.—Fell in the battle at Fredericksburg, on Saturday, Dec. 13th, while gallantly encouraging his men, Lieutenant Mark Wilks Collet Barclay, aged 18 years and 5 months, eldest son of Anne W. C. and John O. C. Barclay, Surgeon U. S. Navy.

Clark.—In Staten Island, on Wednesday Dec. 24th, James Guyon Clark, Jr., son of Dr. James G. and Maria T. Clark, aged 11 months.

Forsyth.—On Sunday, Dec. 21st., Mrs. Sarah Forsyth, widow of the late Dr. Russel Forsyth, of Albany, in the 78th year of her age.

Hollingsworth.—On the 23d Dec., Anna Pemberton Hollingsworth, youngest child of Dr. Samuel L., and Anna C. Hollingsworth, aged 3 years and 8 months.

Shoemaker.—On the 13th Dec., in battle at Fredericksburg Va., J. Parrish Shoemaker, in the 31st year of his age, son of Dr. Charles and Maria Shoemaker, of Abington, Montgomery County.

Vital Statistics.

Of Philadelphia, for the week ending Dec. 20, 1862.

Deaths—Males, 149; Females, 104: boys, 56; girls, 46. Total, 253. Adults, 151; children, 102. Under two years of age, 59. Natives, 166; Foreign, 67. People of color, 12.

Deaths in the U. S. Army Hospitals, 22.

Among the causes of death, we notice—Apoplexy, 1; convulsions, 8; croup, 7; cholera infantum, 0; cholera morbus, 0; consumption, 43; diphtheria, 9; diarrhœa and dysentery, 7; dropsy of head, 2; debility, 16; scarlet fever, 9; typhus and typhoid fevers, 10; inflammation of brain, 5; of bowels, 7; of lungs, 16; bronchitis; 3; congestion of brain, 3; of lungs, 2; erysipelas, 1; hooping-cough, 1; marasmus, 6; small-pox, 1.

For week ending December 21, 1861.....240
" " December 13, 1862.....207

Population of Philadelphia, by the census of 1860, 568,034. Mortality, 1 in 2245.

Of Philadelphia, for the week ending December 27, 1862.

Deaths—Males, 132; females, 80; boys, 62; girls, 37. Total 312. Adults, 113; children, 99. Under two years of age, 53. Natives, 143; Foreign, 53. People of color, 11.

Deaths in the United States Army Hospitals, 19.

Among the causes of death, we notice—Apoplexy, 2; convulsions, 9; croup, 5; cholera infantum, 0; cholera morbus, 0; consumption, 26; diphtheria, 5; diarrhœa and dysentery, 6; dropsy of head, 2; debility, 13; scarlet fever, 7; typhus and typhoid fevers, 6; inflammation of brain, 7; of bowels, 5; of lungs, 15; bronchitis, 0; congestion of brain, 2; of lungs, 2; erysipelas, 1; hooping-cough, 3; marasmus, 7; small-pox, 4.

For week ending December 28, 1861.....279.
" " December, 20 1862.....253.

Population of Philadelphia, by the census of 1860, 568,034. Mortality, 1 in 2679.

Of New York, for the week ending Dec. 8, 1862.

Deaths—Males, 161; females, 159; boys, 79; girls, 98. Total, 320. Adults, 143; children, 177. Under two years of age, 107. Natives, 206; Foreign, 114; Colored, 4.

Among the causes of death, we notice—Apoplexy, 5; infantile convulsions, 21; croup, 25; diphtheria, 17; scarlet fever, 11; typhus and typhoid fevers, 8; cholera infantum, 0; cholera morbus, 0; consumption, 52; small-pox, 0; dropsy of head, 6; infantile marasmus, 13; diarrhœa and dysentery, 12; inflammation of brain, 6; of bowels, 3; of lungs, 24; bronchitis, 6; congestion of brain, 3; of lungs, 9; erysipelas, 2; hooping-cough, 0; measles, 4: 177 deaths occurred from acute disease, and 28 from violent causes.

Population of New York, by the census of 1860, 814,277. Mortality, 1 in 2544.

Of New York, for the week ending Dec. 15, 1862.

Deaths—Males, 196; females, 155; boys, 112; girls, 78. Total, 351. Adults, 161; children, 190. Under two years of age, 105. Natives, 227; Foreign, 124; Colored, 3.

Among the causes of death, we notice—Apoplexy, 1; infantile convulsions, 17; croup, 35; diphtheria, 17; scarlet fever, 13; typhus and typhoid fevers, 6; cholera infantum, 0; cholera morbus, 0; consumption, 46; small-pox, 1; dropsy of head, 10; infantile marasmus, 15; diarrhœa and dysentery, 9; inflammation of brain, 16; of bowels, 8; of lungs, 11; bronchitis, 9; congestion of brain, 10; of lungs, 11; erysipelas, 3; hooping-cough, 0; measles, 5: 190 deaths occurred from acute disease, and 35 from violent causes.

Population of New York, by the census of 1860, 814,277. Mortality, 1 in 2319.

Of New York, for the week ending Dec. 22, 1862.

Deaths—Males, 167; females, 163; boys, 101; girls, 82. Total 330. Adults, 147; children, 183. Under two years of age, 112. Natives, 112; Foreign, 118; Colored, 4.

Among the causes of death we notice—Apoplexy, 2; infantile convulsions, 18; Croup, 21; diphtheria, 16; scarlet fever, 22; typhus and typhoid fevers, 9; cholera infantum, 1; cholera morbus, 0; consumption, 55; small-pox, 1; dropsy of head, 10; infantile marasmus, 11; diarrhœa and dysentery, 8; inflammation of brain, 4; of bowels, 10; of lungs, 28; bronchitis, 7; congestion of brain, 6; of lungs, 10; erysipelas, 4; hooping-cough, 0; measles, 3; 195 deaths occurred from acute diseases, and 21 from violent causes.

Population of New York, by the census of 1860, 814,277. Mortality, 1 in 2467.

Of Boston, for the week ending Dec. 13, 1862.

Deaths—Males, 47; females, 33. Total, 80. Natives, 52; Foreign, 28.

Among the causes of death, we notice—Phthisis, 0; cholera infantum, 0; croup, 2; scarlet fever, 0; pneumonia, 0; variola, 0; dysentery, 1; typhus fever, 1; diphtheria, 1; hooping-cough, 0; convulsions, 1.

Population of Boston, 1860, 177,902. Average corrected to increased population, 72.7. Mortality, 1 in 2223.

Of Boston, for the week ending Dec. 20, 1862.

Deaths—Males, 25; females, 38. Total, 63. Natives, 51; Foreign, 12.

Among the causes of death, we notice—Phthisis, 9; cholera infantum, 0; croup, 5; scarlet fever, 3; pneumonia, 4; variola, 0; dysentery, 0; typhus fever, 1; diphtheria, 0; hooping-cough, 0; convulsions, 1.

Population of Boston, 1860, 177,902. Average corrected to increased population, 84.68. Mortality, 1 in 2824.

NOTICES.

Medical Society—New Jersey.

The 97th Annual Meeting of the Medical Society of the State of New Jersey will be held on the fourth Tuesday, (the 27th) of January, at Jersey City, at 7 o'clock P. M.

Delegates are required to produce their credentials.

Arrangements have been made for the accommodation of *all* who attend the meeting, at Noah Taylor's Hotel, next to, and south of the Jersey Ferry.

The Tuesday evening meeting will be held at the same place.

Wm. Pierson,
Rec. Sec. of M. S. of N. J.

Medical Society—New York.

The 56th Annual Meeting of the Medical Society of the State of New York will be held pursuant to statute, in the City of Albany on Tuesday, Feb. 3d, 1863. The meeting will be continued on the 4th, 5th and 6th.

Punctual attendance is requested.

Sylvester D. Willard,
Secretary.